



STATE OF TENNESSEE
HEALTH SERVICES AND DEVELOPMENT AGENCY
500 Deaderick Street, Suite 850
Nashville, TN 37243
615/741-2364

PROGRESS REPORT
ANNUAL REVIEW FOLLOWING CERTIFICATION

Project Name: _____ Certificate of Need #: _____

Legal Owner: _____ Approval Date: _____

Project Description:

******PLEASE SUBMIT EVIDENCE TO SUPPORT EACH ANSWER******

In a brief narrative, please describe the current stage of completion for the project (use another sheet of paper if necessary). **Please note that this report will not be considered complete without this information.**

A. CONSTRUCTION PROJECTS

1. Anticipated date of project completion. _____
2. Provide written confirmation from the contractor documenting the stage of construction at the current time.

B. NON-CONSTRUCTION PROJECTS

1. Anticipated date of service implementation, acquisition or operation of the facility or equipment as certified. _____
2. Provide written confirmation from the institutional representative verifying the occupancy/opening date for the service, equipment, or facility.

Signature of Authorized Agent or Chief Operating Officer

Date